



MONTHLY PAYMENT PLAN

Monthly Payment Plan is available only by EFT (Electronic Funds Transfer).
Draft Date if Requested (enter day only) _____

ELECTRONIC FUNDS TRANSFER INFORMATION AND AUTHORIZATION

AVAILABLE ON MONTHLY PAYMENT PLAN ACCOUNTS ONLY

If your payments are being made through ELECTRONIC FUNDS TRANSFER, your statement will be sent to you prior to the due date. Then on or after the account due date, we will draft your account for the MINIMUM PAYMENT.

MISSISSIPPI FARM BUREAU CASUALTY INSURANCE COMPANY
COMPANY I.D. #64-0288243

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Mississippi Farm Bureau Casualty Insurance Company; hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below for the MONTHLY PAYMENT and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

The depository name, address, bank/transit number and account number, if any, are shown on the attached blank, voided check.

DEPOSITORY

Staple VOIDED Check Here

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP CODE _____

BANK/TRANSIT NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE (As it Appears on Financial Institution Records) **X** _____

THIS PAYMENT PLAN and any insurance coverage to which this plan relates may be cancelled by you at anytime. Procedures for the Company to cancel are governed by policy provisions. Coverage may also lapse or be cancelled by the Company for nonpayment of premium in accordance with policy provisions.

THIS AGREEMENT IS SUBJECT TO CHANGE UPON NOTIFICATION.